



OPERATING PROCEDURE

OXYGEN ADMINISTRATION

Effective Date:
October 1, 1986

Revised:
October 1, 2000

Approved By:

Approved By Operational Medical Director:

BLS

1. A thorough patient assessment, including assessment the mechanism of injury/nature of illness, should dictate which form of OXYGEN therapy is appropriate for the patient. A pulse oximeter may be utilized during the assessment process, but should not dictate which form of OXYGEN delivery is to be used. OXYGEN may be titrated to patient response

NEVER WITHHOLD OXYGEN FROM ANY PATIENT IN DISTRESS

2. If patient is apneic or has inadequate respiratory effort, insert appropriate airway adjunct and assist ventilation with bag valve mask or gas-powered device as needed.
3. High concentration OXYGEN, delivered via a non-rebreather mask should be administered to patients who:
 - ✓ Present with significant hypoxemia
 - ✓ Have a significant mechanism of injury/nature of illness
 - ✓ Based on the results of their assessment, may require a high concentration of oxygen
4. Lower concentration OXYGEN delivered via a nasal cannula may be administered to:
 - ✓ Non-critical patients
 - ✓ Patients who are intolerant of a mask
 - ✓ Stable COPD patients with chief complaints other than dyspnea

ALS ONLY

5. Perform endotracheal intubation and assist ventilations with bag valve mask and 100% OXYGEN as needed. Refer to OP 6.2.03 (Endotracheal Intubation).
6. Utilize Auto Transport Ventilator (ATV) as needed.